

West River Mental Health Facility Resolution

Whereas:

It is hereby acknowledged that the Pennington County Commission, Rapid City Counsel, Pennington County Sheriff, and Rapid Chief of Police have endorsed the establishment of a professional, proficient and competent West River State Mental Health Hospital and, whereas: the citizens of West River hereby request the South Dakota Stake House of Representatives and South Dakota State Senate pass a resolution as follows – to-wit:

It is hereby resolved that the South Dakota Department of Social Services is hereby directed to establish, contract, and license a West River State Mental Health Hospital and treatment facility during the year 2018. Commencing immediately and report the results of such study to the Governor's office no later than August 1, 2018. Such report shall also be documented to all Legislators forthwith and shall include the following information, to-wit:

- 1) A complete and detailed analysis of the need therefore and cost benefit analysis.
- 2) A detailed estimate of costs associated with the construction of the facility.
- 3) A detailed projection of staff and professional personnel needed and estimated cost thereof.
- 4) An estimated area of real estate needed and cost thereof.
- 5) A recommended schematic of the facility.
- 6) It is acknowledged the services provided shall include but not be limited to:

- a. Intensive nursing care
 - b. Necessary Lock Down units with 24 hour care
 - c. Necessary unlocked units with 24 hour care
 - d. Day treatment
 - e. Outpatient assessment and treatment
 - f. Crisis treatment
 - g. Aftercare treatments
 - h. Geriatrics
 - i. Child psychology
 - j. Alcohol/Chemical Dependency
 - k. Chronically mentally ill
 - l. Affective/Anxiety
 - m. Neuropsychiatry
 - n. Developmentally disabled
 - o. Behavior Disorder Syndrome
 - p. Post Traumatic Syndrome Disorder (PTSD)
-

HOUSE CONCURRENT RESOLUTION NO. 1002

A CONCURRENT RESOLUTION, Recognizing the great need and offering support for additional mental health services in western South Dakota.

WHEREAS, South Dakota is experiencing a mental health crisis, and the state is one of five states that allow a person experiencing a mental health crisis to be held in a correctional facility; and

WHEREAS, mental illness and substance use disorders are treatable health conditions but often persons in crisis end up at an emergency room in the custody of the criminal justice system; and

WHEREAS, the organizations who deal with this issue in this state strongly urge that the State of South Dakota increases the level of resources provided to accomplish the goal of establishing additional mental health services in western South Dakota, including consideration of a second Human Services Center; and

WHEREAS, western South Dakota would benefit from additional services that could provide a continuum of care for people in need of mental health services that would be less costly than jails, emergency rooms, or traveling across the state for services; and

WHEREAS, the current Human Services center located in Yankton, South Dakota, is a significant geographic barrier for any person in need of services who is from West River, as it removes the person from his or her core support system and familiar setting; and

WHEREAS, additional mental health services in western South Dakota would fill serious gaps in care, location, resources, and services available for safety and appropriate treatment for persons suffering from mental health issues:

NOW, THEREFORE, BE IT RESOLVED, by the House of Representatives of the Ninety-Third Legislature of the State of South Dakota, the Senate concurring therein, that the Legislature offers its support and recognizes the great need for additional mental health services in western South Dakota.

PENNINGTON COUNTY RESOLUTION

A RESOLUTION TO SUPPORT ADDITIONAL MENTAL HEALTH SERVICES IN WESTERN SOUTH DAKOTA

WHEREAS, South Dakota is experiencing a mental health crisis. South Dakota is one of five states where state law says people experiencing a mental health crisis can be held in a correctional facility; and

WHEREAS, mental illness and substance-use disorders are treatable health conditions; but too often people in crisis end up at an emergency room, in the criminal justice system; and

WHEREAS, the organizations who deal with this issue in Pennington County strongly recommend the State of South Dakota to provide additional resources to accomplish the goal of establishing additional mental health services in Western South Dakota to include consideration of a second Human Services Center; and

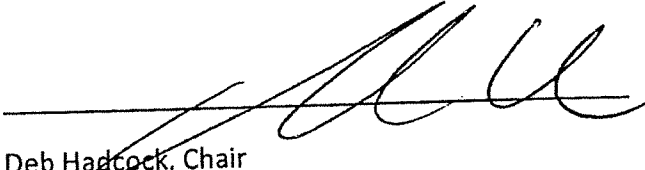
WHEREAS, Western South Dakota would benefit from additional services that could provide a continuum of care for people in need of mental health services that would be less costly than jails, emergency rooms or traveling outside of the county for services; and

WHEREAS, the current Human Services Center located in Yankton is a significant geographic barrier for anyone needing services who is from West River as it removes them from their core support system and familiar setting; and

WHEREAS, additional mental health services in Western South Dakota would fill significant gaps in care, location, resources and services available for the safety and appropriate treatment for persons suffering from mental health issues; and

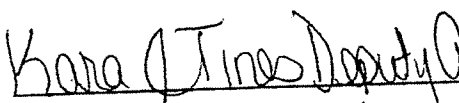
NOW, THEREFORE BE IT RESOLVED, that the Pennington County Board of Commissioners supports the efforts to establish additional mental health services including consideration of a second Human Services Center in Western South Dakota.

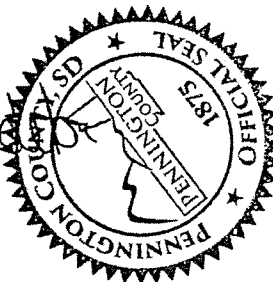
Dated this 5 day of December 2017.


Deb Hadcock, Chair

Pennington County Board of Commissioners

Attest:


Pennington County Auditor/Deputy



Resolution No. 2018-001

**A RESOLUTION TO SUPPORT ADDITIONAL MENTAL HEALTH SERVICES
IN WESTERN SOUTH DAKOTA**

WHEREAS, South Dakota is experiencing a mental health crisis. South Dakota is one of five states where state law says people experiencing a mental health crisis can be held in a correctional facility; and

WHEREAS, mental illness and substance-use disorders are treatable health conditions; but too often people in crisis end up at an emergency room or in the criminal justice system; and

WHEREAS, the organizations that deal with this issue in the City of Rapid City strongly recommend that the State of South Dakota provide additional resources to accomplish the goal of establishing additional mental health services in Western South Dakota to include consideration of a second Human Services Center; and

WHEREAS, Western South Dakota would benefit from additional services that could provide a continuum of care for people in need of mental health services that would be less costly than jails, emergency rooms, or traveling outside of the county for services; and

WHEREAS, the current Human Services Center located in Yankton is a significant geographic barrier for anyone needing services who is from West River as it removes them from their core support system and familiar setting; and

WHEREAS, additional mental health services in Western South Dakota would fill significant gaps in care, location, resources, and services available for the safety and appropriate treatment for persons suffering from mental health issues; and

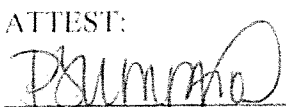
NOW, THEREFORE, BE IT RESOLVED, that the City of Rapid City supports the efforts to establish additional mental health services including consideration of a second Human Services Center in Western South Dakota.

Dated this 17 day of January, 2018.

CITY OF RAPID CITY

Mayor 

ATTEST:


Finance Officer
(seal)

Seventh Judicial Circuit Court

P.O. Box 230
Rapid City SD 57709-0230
(605) 394-2571

CIRCUIT JUDGES

Craig A. Pfeifle, Presiding Judge
Matthew M. Brown
Jeffrey R. Connolly
Jeff W. Davis
Robert Gusinsky
Heidi L. Linngren
Robert A. Mandel
Jane Wipf Pfeifle

MAGISTRATE JUDGES

Scott M. Bogue
Todd J. Hyronimus
Bernard Schuchmann
Marya Tellinghuisen

COURT ADMINISTRATOR

Kristi W. Erdman

STAFF ATTORNEY

Laura Hilt

January 2, 2018

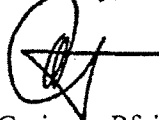
Al Scovel
Scovel Law Office
2902 West Main Street, #1
Rapid City, SD 57702

Dear Mr. Scovel,

This letter is intended to be used by you as a public acknowledgement of the Seventh Judicial Circuit Court's support for your efforts to secure legislative consideration of a West River solution to our on-going mental health crisis. Daily, the court system sees individuals in dire need of more services, and services closer to home. This particularly vulnerable population needs to be better served, and would most certainly be best provided for by a service center in western South Dakota.

Our circuit is a pioneer in better answers for those afflicted with mental health concerns. We hope to pilot a mental health specialty court in Pennington County beginning in 2018. This effort, as well as a recognition of a need for more and better services locally, would reduce criminal conduct and contact with the court system, and reduce those victimized by this population. I appreciate your efforts in bringing this critical issue to the forefront.

Sincerely,



Craig A. Pfeifle
Seventh Circuit Presiding Judge



RAPID CITY POLICE DEPARTMENT

Karl Jegeris, Chief of Police

December 14, 2017

Mr. Al Scovel
2902 West Main, Suite #1
Rapid City, SD 57702

Dear Mr. Scovel,

I am aware of your efforts to encourage the State of South Dakota Department of Health and Human Services to consider a West-River solution to mental health. It is apparent to me there are more needs than resources, and HHS would better serve this vulnerable portion of our population in a more effective manner if it were restructured so services were not isolated to Yankton, SD.

If we were able to better serve the mentally ill in our community, we would reduce victimization, criminalization, and incarceration of this vulnerable population. Thank you for doing what you can to engage policy-makers to encourage needed change.

Sincerely,

A handwritten signature in dark ink, appearing to be "KJ", with a long, sweeping horizontal stroke extending to the right.

Karl Jegeris
Chief of Police

Rapid City Journal



CENTRAL SWEEPS STURGIS

Girls, boys overtake Scoopers SPORTS, PAGE B1



Trump slurs countries

White House defends vulgar comment made during immigration deal NATION, PAGE A6



* 7 • 2 FORECAST, A8 | FRIDAY, JANUARY 12, 2018 | rapidcityjournal.com

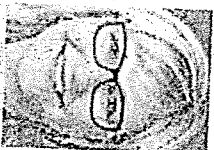
SD sets record for suicides in 2017

Oglala Lakota among counties with highest rate

BOB MERCER
Journal correspondent

PIERRE — Suicides rates set a record high during 2017 for South Dakota, state epidemiologist Josh Clayton told a panel of lawmakers Thursday.

Clayton didn't give the number to the House Health and Human Services Committee, however. Final data were still pending. He confirmed the 2017 total exceeded the 161 of 2016 and



Malsam-Rysdon

the record 173 set in 2015. "Suicide rates are increasing in South Dakota," Clayton said.

He presented statistics to the committee showing that South Dakota ranked 13th in the nation for the suicide rate during 2016, with 18.6 self-inflicted deaths per 100,000 people. The rate nationally was 13.9.

Native American suicide rates stood 1.8 times higher than rates for whites in South Dakota between 2004 and 2015. Veterans

State Social Services Secretary Lynne Valent described the va-

riety of state government efforts. They ranged from community toolkits and coalitions to prevention resource centers and locks for firearm triggers.

Spreading the message, Valent said, relies on "lots of word of mouth."

She said there's been training for more than 5,000 people and, so far, 827 referrals of people in South Dakota considering suicide.

"This is a serious health issue," said Rep. Wayne Steinhauer, R-Hartford, who is also committee chairman.

Steinhauer asked how lawmakers could help.

"There's not a way to legislate your way out of suicide," Malsam-Rysdon replied.

She acknowledged state government's prevention efforts don't include research at any of the higher education campuses.

"I think that's a great suggestion," Malsam-Rysdon told Steinhauer.

South Dakota requires schools to provide suicide awareness training. The state Department of Education reportedly tracks those numbers.

"I don't know that we've been able to connect that data to what's going on with the schools," Malsam-Rysdon said.

OPINION

Mental health care a needed priority

Our area has experienced at least 29 reported suicides in 2017. That's more than one suicide every two weeks. The 29th suicide was a

**AL
SCOVEL**

17-year-old boy who was pulled out of Rapid Creek. Horrific — yes and very sad.

These people needed mental health treatment now and shouldn't have to wait for one of our two buses to be transported each week to Yankton — a 365-mile trip away from our area.

The 29 suicides are a pitance when compared to the suicide numbers on our Native American reservations located in Western South Dakota. Years ago, we had one bus per week traveling to Yankton loaded with mentally ill patients; now we have two buses per week traveling to Yankton Mental Health for treatment. I presume in the not too distant future there will be three buses per week going to Yankton with mentally ill persons for treatment.

When a mentally ill person is put in one of these buses they are shackled for security reasons. This exacerbates their condition not to mention the delay in their treatment. What is wrong with this picture? It is incumbent upon us to help people so they can help themselves.

I am advised that in some cases a mentally ill person has to be held in the emergency department of our hospital for up to three days before boarding the bus — another delay in receiving appropriate treatment. We end up shackling these people like cattle before treatment is available.

This is not acceptable for West River citizens. This does not represent good health care. The South Dakota mental health care system is abhorrently inadequate and broken and violates West River values. We need a state mental hospital in Western South Dakota — now, not later.

Al Scovel is an attorney from Rapid City.

The Dec.
Custer (C)
was ren
ries that hav
On page of
a wildfire ha
Custer State



**FRANK
CARROLL**

1941, we
giant off-se
warnings fi
gency Man
Carter. We
weren't re

Most fire
the season
after a long
fires sucke
sources, b
agreement
kitchen si
helicopter
we treated
emergenc
at stake. V
from ever
stand dov
days later

On pag
a meth ep
across Cu
part by st

having paid less
in I should

State needs a plan to curb suicides

Imagine coming home to discover that your child, perhaps a 12-year-old daughter or a 16-year-old son, has taken their own life. I can't imagine such an experience. But too many parents in communities across South Dakota have experienced this tragedy. Many priests and



ROBERT GRUSS

ministers serving in our communities agonize over the number of funerals resulting from suicide.

While it is true that Native American suicide rates in South Dakota are twice as high as the suicide rate for white South Dakotans, it is important to remember that almost 80 percent of all suicide deaths in South Dakota are white. The reality is that South Dakota's children and young adults (under age 24) of all races end their lives at double the rate of youth nationwide.

Over the past 25 years, annual suicide numbers have doubled in this state and in the past five years suicide has reached epidemic levels in South Dakota. Final numbers for 2017 have not been released, but the South Dakota Department of Health says it will exceed 173 suicides, a record high set in 2015.

Rural areas suffer significantly higher suicide rates than urban areas, both nationwide and in South Dakota. Research indicates

our farmers and ranchers have the highest rate of suicide of any profession.

While the loss of life at any age is tragic, it is especially so for youth. The losses caused by suicide go beyond actual deaths. For every suicide death, approximately six people will be severely impacted. These "survivors" often experience complicated grief and recovery which impact their productivity in school or the workplace.

Statistically, for every successful suicide, there are approximately 25 attempts. Many attempts result in permanent loss of health, medical costs and lost productivity in school or employment. While these economic factors may seem insignificant compared to the loss of life and grief borne by survivors, they do suggest that investing in prevention and treatment programs will relieve significant social costs.

We know that addiction and mental illness are contributing factors to suicide among all races and in all communities. For too long, we have relied upon the criminal justice system to deal with the behavioral challenges caused by addiction and mental illness. Ultimately, jails and courts are not equipped to handle the underlying issues associated with mental illness and addiction. This type of intervention is not a "treatment" program and is the most expensive

response and the least effective.

Wouldn't a more effective solution be to redirect some of our criminal justice and law enforcement resources into alternative treatment services, instead of prosecuting those with mental illness? Too often, access to basic mental health services is lacking in places most impacted by this suicide epidemic, our rural areas.

More funding for prevention efforts is needed to combat the root cause and help deter this problem among our youth. Prevention programs that target reservation schools and communities should be given funding priority over lower risk communities.

As parents, pastors, educators, service providers and political leaders, we all have roles to play in addressing this epidemic and finding solutions. In the words of Sitting Bull of the Oglala Sioux, "Let us put our minds together and see what life we can make for our children."

We must engage our elected officials, asking, "What is the state's suicide prevention plan?" Fighting epidemics should be a priority and behavior health losses are no exception. This epidemic that has our children taking their own lives is unacceptable.

The Most Reverend Robert Gruss is the bishop of the Catholic Diocese of Rapid City.

Mental health care needs attention

An open letter to the 2018 candidates for governor of South Dakota: Billy Sutton, Marty Jackley and Kristi Noem, to-wit:

The issue of a West River state-supported mental health center is not going to go away. Lift service is not acceptable and the public has a



AL SCOVEL

right to know what your honest, open platform is on this urgent issue. Your response will be disclosed in a narrative publication to citizens via newspaper publication on or before June 22. That is sufficient time for you to advise concerning this letter of inquiry regarding your formulation of a response to it.

If you choose not to respond, it will speak volumes — no concern or even interest. People are looking for a leader with status, character, strength and compassion. Where do you fit in? We just need to know.

1) Do you support the current state statute that allows for those suffering from a mental crisis to be put in jail?

2) Do you believe it is in keeping with good and professional treatment policy and acceptable for a mentally ill person from West River who needs mental health treatment to be put on one of the two buses leaving Rapid City each week and travel literally hundreds of miles (350) before they can receive needed treatment and be shackled to the bus floor before their treatment can start?

3) Have you made mental health a priority in your platform for your first term as governor?

4) Do you support equal care and treatment for those who suffer from a mental health illness?

5) Have you worked on a financial solution to provide financing for the construction and staffing of a state-supported West River mental health center by, for example:

- Sale of state bonds;
- Increase of sales tax, tobacco tax, liquor tax;
- General Fund support;
- A consortium between federal and state funding;
- Have you considered another creative solution and, if so, what is it? Share your proposal with us;
- A public/private partnership;

■ We're all keeping an eye on a pending U.S. Supreme Court case that may require all online businesses to submit sales taxes to the states;

■ Do you believe our state mental illness system has languished for decades to the point where it is now in crisis?

■ Are you dedicated to approaching this problem in a proactive manner and not a reactive way?

We need and deserve to know where your energies and influence will be placed while you serve as governor of all the citizens of South Dakota now and in the future. South Dakota's mental health system is important and it is imperative that it is handled now and not shoved to the background and ignored as it has been for decades. We look forward to your June 22 response. Remember, we need to know.

Please direct your response to Al Scovel at 2902 West Main Street, Suite 1, Rapid City, South Dakota, 57702. Remember, we all are citizens of humanity. Reply publications will follow.

Al Scovel is a Rapid City attorney and former state legislator.

Sioux San needs to remain a hospital

The Indian Health Service notified Congress on July 12, 2017, that Sioux San Hospital will be downgraded to a clinic. This is thanks to the disastrous IHS mismanagement of the hospital in Rapid City, which drove away medical professionals and cut the number of in-patients, thereby paving the way for reducing the facility's status.



OJ SEMANS

Does the IHS plan mean Sioux San will be cheaper? No, indeed. IHS wants to change a 356-employee hospital to a 573-employee, \$100-million clinic.

As recently as March 28, 2018, the Great Plains Tribal Chairmen's Health Board (GPTCHB) was complicit in persuading tribes to go along with this. I am disheartened to report that tribal leaders would not direct the GPTCHB to produce its own documentation refuting the IHS claims. I have requested that Rosebud, which is my tribe, further oppose the GPTCHB position and instead prioritize the justification on having the Sioux San remain a hospital.

In the past decade, IHS management of Sioux San has been

horrific. The hospital lost its surgery and OBGYN services and allowed equipment to become outdated or broken down.

Doctors and nurses could not perform their duties properly so couldn't maintain their accreditation. Without fully accredited staff and functioning modern equipment, tribal members couldn't be admitted for liability reasons. They were referred to other hospitals, creating millions of dollars of unpaid bills, some of which affected tribal members' credit.

The Great Plains Tribes have worked with Congress to increase IHS salaries in order to recruit top medical staff. Working with medical professionals, we created a concept plan. We would make Sioux San Hospital the hub of the Great Plains Tribes regional medical services.

Its location would allow it to recruit top doctors, including specialists, and excellent nurses. This would help drive Rapid City's economic growth in real estate, purchases and employment opportunities. Sioux San would provide surgeries and other specialized care. Specialists could then schedule travel to the different hospitals to provide specialized care. The Great Plains Tribes using this health care system would minimize

costs and keep the referral dollars within our health care system, which would allow further improvements.

Yes, the tribes need to support the construction of the new facility and yes, the tribes need to apply for self-governance but as a *hospital*, not a clinic. Let's use common sense and do what should have been done in July 2017 and fight for better health care, first by keeping the Sioux San as a hospital.

How is Congress to know of this sensible alternative if the three tribes — Cheyenne River, Oglala and Rosebud — don't tell it together?

Time is running out to submit a report and request hearings before Congress. Instead of giving in to IHS's defeatist idea of a clinic, contact your tribal elected officials and insist they move forward with showing Congress that the data IHS used is because of mismanagement and should not be used justify a clinic.

That by pausing and taking a deep breath and taking a common-sense approach, they will see that utilizing the Sioux San as a hospital and a hub for the Great Plains Tribes medical services is what we need to do.

OJ Semans Sr. is a member of the Rosebud Sioux Tribe.

Federal probe critical of *System's Reaction* South Dakota mental hospital

ASSOCIATED PRESS

SIOUX FALLS — Federal investigators have concluded that several problems at a state-run psychiatric hospital in Yankton caused the death of a patient who succumbed to alcohol withdrawal.

Issues identified in a report from the U.S. Centers for Medicare and Medicaid Services include a failure to respect patients' rights and a crippling shortage of providers at the Human Services Center, the Argus Leader reported. The center has been plagued by worker shortages and rapid leadership turnover.

Anne White, 37, of Yankton, died at the facility on Dec. 20 after her request to go to an emergency room was ignored.

"Nobody should ever have to die when they're asking for help," said Sara Lindquist, executive director of Sioux Falls' office for the National Alliance

on Mental Illness.

The federal government investigated in January and eventually threatened to pull the facility's Medicare funding.

The hospital has since made improvements and in April was found to be in compliance with federal standards, according to state Department of Social Services.

"HSC took quick action to correct the areas of non-compliance identified in the survey, which included expanding on already existing policies and procedures, and is in full compliance," spokeswoman Tia Kafka said in a statement.

State officials declined to comment on White's death.

There are still 72 unfilled positions at the center. Recently hired administrator Ken Cole will be the fourth person to lead the facility in less than a year when he starts at the end of May.

cline, tion on reservations.

Hepler envisions a grant program with ideas coming from municipalities, universities, agricultural entities or conservation groups.

Hesla suggested the act could fund projects that benefit both urban residents and threatened species. To foster the growth of threatened insects like the Dakota skipper or powesheik skipper, a city

"More funds out there means good things for all wildlife in South Dakota," Morlock said. "What we do for other wildlife species, ducks, deer or non-game species, it's going to benefit pheasants."

Morlock said the entire state economy would benefit. In 2016, outdoor recreation generated \$1.3 billion in spending in South Dakota, with a large percent-

OPINION

RAPID CITY JOURNAL

A Lee Enterprises Newspaper
507 Main St., Rapid City, SD 57701
news@rapidcityjournal.com | rapidcityjournal.com/opinion

Editorial Board

EUGENE JACKSON Publisher
CHRIS HUBER Managing Editor
PATRICK BUTLER Editorial Page Editor
CANDACE DEMOUDEN Online editor
BRANDIS KNUDSEN Inside sales manager

OURS

Resolution just a start for mental health care

With the exception of one lawmaker, the state House of Representatives passed a resolution Tuesday supporting additional mental health services in western South Dakota.

The 62-1 vote came after the Rapid City Council and Pennington County Commission approved similar resolutions. The effort is being spearheaded by Rapid City attorney Al Scovel, who has made impassioned pleas to bring a state-supported mental health center to western South Dakota. Those who now need treatment from the state must be transported to the Human Services Center in Yankton, which is more than 350 miles from Rapid City. In some cases, that means putting patients in restraints while being hauled across the state by law enforcement. South Dakota is one of five states that allow those suffering from a mental health crisis to be held in jail, a clear sign that lawmakers and state officials have not made their care a priority.

Rep. Taffy Howard, a Rapid City Republican, cast the lone vote against the resolution that simply brings attention to a clear need. While it is a sign of progress that 62 lawmakers have officially acknowledged the problem, the resolution should only be considered the beginning of a process that brings a mental health center and more services to this area.

Perhaps, the Legislature can set aside such pressing legislation as drug tests for lawmakers, requiring public schools to allow "patriotic presentations" or whether they deserve a pay raise or not and give time to an issue of upmost concern in western South Dakota.

Will any West River lawmaker pick up the torch from Al Scovel and lead on this issue or are they more concerned about passing the same concealed carry bill that Gov. Dargaard vetoed last year and will likely veto again if put on his desk?

In fact, it would seem that gun advocates would embrace the opportunity to expand mental health care. Every time a mass shooting occurs in this nation, it is the NRA supporters who respond by saying this is a mental health issue, not a gun issue. If they truly believe that, then they should help solve the problem. Otherwise, what the public hears is nothing more than a well-rehearsed talking point.

It is also an appropriate time for the three candidates for governor — Republicans Marty Jackley and Kristi Noem and Democrat Billie Sutton — to declare their support or opposition to a mental health center in western South Dakota. Will they lead, follow or dismiss the issue?

In the meantime, Gov. Dargaard should take the resolution seriously and at the very least appoint a task force to study it this summer with the goal of proposing legislation in 2019 to bring some sanity to the state's approach to mental health care.

with
thot
O
an
ite
th
M
b
che
thot
O
The
b
tor
tue
MR
co
S
It
the
plod
milli
mug
of si
who
eled
F
O
e
the
de
50
ha
wi
the
gen
to
sci
pe
thi
pe
thi
ar
ce

West River needs mental health facility

A l Scovel is on a mission to address a clear need in western South Dakota that has lingered for decades — the lack of a mental health center.

The Rapid City attorney and former state lawmaker wants the Legislature or Gov. Daugaard to dedicate funds to build one "out there," which is how state government officials sometimes characterize this part of the state, according to Scovel.

Now, as he emphasized in a recent meeting with the Journal editorial board, those who have serious mental health problems must travel to the state mental health hospital in Yankton, which is 365 miles from Rapid City. It is a facility, he said, that is woefully understaffed and lacks resources.

The state has a history of giving "lip service" to mental health needs, said Scovel, whose record of public service includes working for Bill Janklow when he was a governor known for getting things done.

"What kind of people are we?" he asked. "How long are we going to allow this?"

Scovel is not a lone voice on this issue. Rapid City Police Chief Karl Jegeris and Pennington County Sheriff Kevin Thom raised similar concerns in February when Regional Health announced it was curtailing its services for the mentally ill.

At the time, the region's primary health-care provider said it would "no longer admit behavioral health patients who do not have acute medical needs to the main hospital when the Behavioral Health facility is at capacity."

Instead, the hospital said, it would turn them over to law enforcement officials who would then have to decide whether to put them in jail or turn them loose while in crisis, which led to the creation of the West River Behavioral Health Alliance.

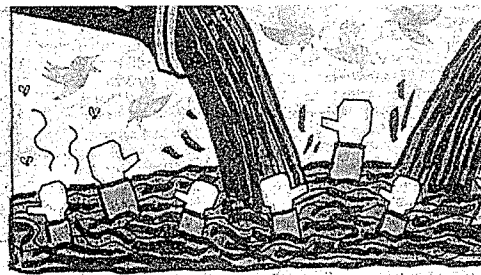
"This is fundamentally flawed because we're using a criminal justice response for what should be a medical situation," Jegeris said at the time.

Thom added: "We need a West River solution. ... No singular entity can solve this. It's bigger than any one of us."

It is a proposition that Scovel endorses, but he is not waiting for a local official to lead the charge. He has taken it upon himself to find needed support to convince lawmakers and state officials that western South Dakota needs a state-supported mental health center for what he calls "a crisis — it is very, very real."

He has made presentations and sought the support of the Rapid City Council and Pennington County Commission, which unanimously approved a resolution supporting additional mental health services in this area. He now recruits West River lawmakers on the eve of the legislative session.

Scovel is correct. It is a shame the West River lacks a mental health facility. The public and elected officials should heed his message and demand that one be built "out here."



COMMENTARY

Survival of the

"The intellectual cannot operate at room temperature."

— Eric Hoffer, "First Things, Last Things" (1971)

Eric Hoffer (1902-1983) meant that intellectuals in his day tended not to be temperate. In our day, this defect — moral overheating — has been democratized: Anyone can have it. Now, everybody can be happily furious, delirious, with hysteria and intoxicated with intimations of apocalypse, all day every day.

Hoffer was a longshoreman and an autodidact who

wrote slender books hefty with wisdom. His first, "The True Believer" (1951), put him on a path from San Francisco's docks to a 1983 Presidential Medal of Freedom. In Hoffer's time, intellectuals often were feverish because this was the best way to be noticed, and to say, about this and that: Listen to our intelligent selves or the end is nigh.

In 2017, many others emulated this act. Were Hoffer still with us, he would marvel at today's vast, deep reservoirs of extravagant rhetoric. For example:

During two decades, the Internet was barely regulated as it delighted its users. In 2015, a regulatory policy ("net neutrality"), one without a constituency sufficient to move Congress, was imposed by bureaucratic fiat. Thirty-three months later, net neutrality was ended. And the rending of garments and gnashing of teeth commenced: "This is the end of the internet as we know it" (Sen. Bernie Sanders); "A brazen betrayal ... disastrous ... I am disgusted" (Sen. Richard Blumenthal); "Shameful" (Sen.

Sherrod Brown).

Another example: Most of the nonstop noise emanating from the White House is white noise. Some is, however, interestingly symptomatic, as when a presidential assistant calls this year's tax legislation "the most significant tax reform we've had since 1986." Which is like bragging about the tallest building in Boise. The 1986 tax reform radically simplified the tax code. Since then, the code has acquired more than 15,000 new wrinkles. The 2017 tax legislation might have managed the minor miracle of making the 70,000-page code more complicated. On a scale of importance from 1 (negligible) to 10 (stupendous), the legislation might be a 3. Never mind. Cue the Cassandra. This tax cut of less than 1 percent of the next decade's projected GDP is "the worst bill in the history of the United States Congress" (House Minority Leader Nancy Pelosi). It "will result in 10,000 extra deaths per year" and "our country will be living on shoestring for decades." (Former Treasury Secretary Larry Summers)

The many Americans who are happiest when unhappy seem addicted to indignation as the fewer Americans are to cocaine. Brain imaging might show the same pleasure points lighting up in both cohorts. Furthermore, because today's technologies have eliminated barriers to entry into public conversations, ignorance and intemperateness are not barriers. Because modern technologies allow the instant, costless dissemination of fulminations, and because the more vituperative the fulminations the more apt they are to be noticed in the digital clutter, public conversations often quickly de-

COMMENTARY

Now, let's reform g

So, a Republican majority Congress has "reformed" the tax code for the first time in 31 years; allowing us to keep a little more of the money we earn.

expanding, or that the unemployment rate has declined.

Ronald Reagan cut taxes in 1986, but Bill Clinton raised them. If unnecessary and duplicative government programs at

Woohoot

Thanks for support in a trying time

A sincere thank you to all of the people who gathered for the memorial service of my husband, Craig Tieszen, on Dec. 4. I appreciate those who attempted to attend but the weather made it too difficult. The kind words and tributes to Craig's life help tremendously in our grieving process.

We are forever grateful for the kind, respectful and professional care provided to Craig, brother-in-law Brent Moline and our families by: 1) the people of Rarotonga, New Zealand 2) Air New Zealand and United Airlines 3) the entire staff at Oscheim/Schmidt Funeral Home 4) the Rapid City Police Department with the rest of the law

Letters to the editor

MAIL: Rapid City Journal, PO Box 450, Rapid City, SD 57709

PHONE: 394-8434

EMAIL: letters@rapidcityjournal.com

have hoped to gut the social safety net of federal programs. This effort has been unsuccessful because voters actually support beneficial programs like Social Security, Medicare and the Affordable Care Act. Now the GOP has found another strategy: through tax "reform" they will simply starve the government of money, requiring massive across-the-board cuts in services. Millions more Americans will be without health care as a result of this so-called "reform."

Committee

From A1

President Jason Salamun said at Wednesday's meeting.

Currently, people in need of mental health care or undergoing a mental health crisis are transported by bus two times a week by the Pennington County Sheriff's Office to Yankton's Human Services Center. If the person is deemed a risk to themselves or others on the bus, they are sometimes restrained during the five-hour trip, Rapid City Assistant Police Chief Don Hedrick said after the meeting.

According to the resolution, South Dakota is one of five states where state law allows for people experiencing a mental health crisis to be held in a correctional facility without committing any offense.

"Treating folks with mental health problems like criminals is actually a terrible way to do business," Salamun said. "We can spend money on prisons, but we can invest money in mental health care."

Alderman Steve Laurenti said the distance between Yankton and much of western South Dakota made it difficult for a person's relatives or friends to be there in support, which he called the most important part of a patient's care.

"That's one of the biggest reasons that we need to push our legislators, our state and our federal legislators, to get a facility on the western side of South Dakota," he said. "We need it."

At the end of discussion, an emotional Salamun made one final point.

"If I had one wish for our entire culture, it's to get rid of this stupid stigma regarding mental health care," he said. "If you need help, get it. We want you to live well. We are only as good as the people we have."

Last February, Rapid City Regional Hospital stopped admitting behavioral health patients without acute medical needs to the main hospital when Behavioral Health Center is full. The hospital has also stopped admitting patients with "neurodevelopmental/cognitive disorders" such as dementia, Alzheimer's disease, and

autism spectrum disorder to the Behavioral Health Center if they exhibit violent behavior.

In other action, committee members recommended:

■ Approving a resolution to write off about 6,200 parking tickets from 2014 worth more than \$66,000. The unpaid tickets range from \$5 to \$110. In past years, the city has approved similar resolutions for old parking tickets as the city's finance office tries to clear from their books any tickets that have remained unpaid for more than three years per auditor's recommendations. The council passed a resolution last year forgiving more than \$67,000 in fines and forgave around 10,000 tickets worth about \$106,000 in 2016 from tickets dating to 2011 and 2012.

■ Acknowledging the city's sales tax collections for the month of November, which came in at \$2,046,512, a 3.5 percent increase compared with collections in November 2016. For the first 11 months of 2017, collections were up 2.5 percent compared with 2016, at \$23,126,990.

■ Authorizing Mayor Steve Allender and Finance Department Director Pauline Sumption to accept about \$45,000 in federal funding from the Corporation for National and Community Service for the city's Retired Senior Volunteer Program. RSVP+, which offers adults — specifically those ages 55 and older — the chance to volunteer for a variety of area nonprofits, was put on the chopping block as part of Allender's 2017 budget proposal but eventually restored by the Rapid City Council in September. In 2017, RSVP+ received about \$47,000 in federal funding, \$28,500 in federal funds and a \$35,000 cash influx from the city's general fund. According to city documents, the \$45,000 in federal funding expected for 2018 will represent about 40 percent of the program's total operational costs.

■ Approving an ordinance to supplement the 2018 budget with \$6.8 million for the city's planned landfill expansion project this spring and summer. Of the \$6.8 million, about \$4.7 million will come from the Solid Waste Department's undesignated cash fund and

the remaining \$2.1 million will come from the department's collection fund. In 2016, the landfill ended with a \$345,457 surplus after it collected \$6,708,840 against \$6,363,383 in expenses, according to Sumption.

■ Approving the second reading of an ordinance requiring local security companies to conspicuously display the word "security" on both sides and the rear of their vehicles to avoid confusion between the company's vehicles and local law enforcement vehicles. In particular, Black Hills Patrol vehicles have been identified as appearing overly similar to law enforcement vehicles and causing confusion amid the general public.

Contact Samuel Blackstone at samuel.blackstone@rapidcityjournal.com and follow him on Twitter or Facebook @SDBlackstone.

Are your ducks in a row? We can help. Call Today!

TIM SPEIDEL
717 6th Avenue • Belle Fourche
(605) 892-2930



Recurring Ev

Monday

- Grief Support Group (1st & 3rd Mon Lutheran Church, 1100 Stanley Str)
- Belle Fourche City Council Meeting 1 City Hall
- Belle Fourche School Board (2nd Mon)

Tuesday

- Belle Fourche Chamber of Commerce & Coffee, every Tuesday @ 7-9am.
- Belle Fourche Ministerial Association 9am-Noon @ 522 5th Ave.
- Butte County Commission Mtg (1st & 3rd Tues 9:30am; 3rd Tues 1pm, C)
- Center of the Nation Business Assoc (1st & 3rd Tues.) 5:30pm, breakfast

Wednesday

- Belle Fourche Development Corp M 7am, 5th avenue EDC white building
- Belle Fourche Chamber Luncheons each month

Thursday

- Belle Fourche Ministerial Association (Evening) 7:00pm-9:00pm

Appeal made for better mental health services

Committee backs

resolution calling for more state-run facilities

by SAMUEL BLACKSTONE

Local officials have a message for South Dakota's state senators and representatives as they get down to business in Pierre for the legislative session: West River needs more state-run mental health services.

Rapid City Legal and Finance Committee members unanimously supported a resolution Wednesday for "additional mental health services in Western South Dakota" following the approval of a similar resolution by the Pennington County Board of Commissioners at their Dec. 5 meeting.

Both resolutions came after former state representative Al

health services.

Scored made impassioned pleas to the governing bodies for additional mental health services in the area, including the possibility of a new state-run mental health facility in western South Dakota.

Currently, the closest state-run facility to Rapid City is in Yankton, about 350 miles away.

"I think it's important to get the state's attention," Council

Please see COMMITTEE, Page A6

OPINION

RAPID CITY JOURNAL

A Lee Enterprises Newspaper
507 Main St., Rapid City, SD 57701
news@rapidcityjournal.com | rapidcityjournal.com/opinion

Editorial Board

EUGENE JACKSON Publisher
CHRIS HUBER Managing Editor
PATRICK BUTLER Editorial Page Editor
CANDACE DENOUDEN Online editor
BRANDIS KNUDSEN Inside sales manager

THEIRS

US should declare war on PTSD

Last Saturday, America honored its veterans with a holiday that beseeches us to remember our soldiers and the sacrifices they have made and continue to make for this country. But our thoughts should not simply be about what these soldiers do or have done for us.

On Veterans Day, the Press & Dakotan published an article about Post Traumatic Stress Disorder (PTSD), which is inflicting a larger number of soldiers than many people may realize. When some soldiers return from a tour of duty, they have trouble adjusting to their "normal" civilian lives, or they have difficulty processing their experiences in war.

This has contributed to a startling suicide rate among returning troops. South Dakota Secretary of Veteran Affairs Larry Zimmerman said that this state averages two military suicides per month. In September, the Veterans Administration in Washington reported that veterans were at a 22 percent higher risk of suicide than civilians.

As a nation, we must dedicate ourselves to dealing with soldiers struggling with PTSD. If we are, as it appears, to remain in an ongoing war on terror with no end in sight, then dealing effectively with the mental consequences that military experience may create must be a priority.

Frankly, America has been slow to recognize the existence and seriousness of mental health issues in general. Certainly, it's hard to place measurements on these conditions: They don't show up in X-rays or in blood work. Health insurance for years was reluctant to truly recognize mental illness as a legitimate health issue, and there are still people who place a stigma on the specter of mental health problems, in part because they may be unable to grasp what they have not personally experienced. As a result, some people who endure it may be reluctant to speak of it or even admit it to themselves.

However, this has gradually changed during the last 25 years, with a greater recognition of mental health issues developing. But a lot of work remains.

PTSD is not confined to military personnel; it can happen to anyone who has been subjected to a traumatic experience. A government study reported last year that 8 percent of all Americans suffer from PTSD at some point in their lives. But for veterans, that number rises into the double digits, ranging up to 20 percent in some instances.

Still, it can be perplexing territory, not only for the general public but also for the victims of mental illness, who may not understand what they are enduring and may be ashamed or afraid of seeking help. In that sense, perhaps soldiers grappling with PTSD are really no different than civilians who are also dealing with depression or thoughts of suicide.

Our soldiers see things and endure things that many civilians cannot understand or imagine, and that makes the impact of PTSD even more profound — and more isolating.

America cannot look away from this issue. If we train men and women to fight for us and defend us, we owe it to them to offer any help any of them may need when they return home.

— Yankton Daily Press & Dakotan